


TRADEBE

 Environmental Services TM
KJS

April 29, 2015

 RECEIVED
State of Indiana

Indiana Department of Environmental Management
 Compliance and Enforcement Branch, Office of Air Quality
 100 N. Senate Avenue
 MC 61-53 IGCN 1003
 Indianapolis, IN 46204-2251

 pm APR 30 2015
Department of Environmental Management
Office of Air Quality

Lake

RE: TITLE V Air Reports
 Quarterly Deviation Report 1st Quarter 2015
 Tradebe Treatment and Recycling LLC
 Title V Permit No: T089-29424-00345
 East Chicago, Indiana

To Whom It May Concern:

Enclosed please find the Quarterly Deviation Report for the 1st quarter of 2015 for Tradebe Treatment and Recycling, LLC in East Chicago Indiana (Title V permit No. T089-29424-00345).

Should there be any questions regarding these documents, please contact me at (219) 397-3951 or email me at Tita.Lagrimas@tradebe.com .

Sincerely,
Tradebe Treatment and Recycling, LLC

Tita LaGrimas
 Executive Vice President, Regulatory Affairs

Enclosures

Tradebe Treatment and Recycling LLC
East Chicago, Indiana
Permit Reviewer: Heath Hartley

Significant Permit Modification No. 089-34503-00345
Modified by: Heath Hartley

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**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH
PART 70 OPERATING PERMIT
CERTIFICATION**


Source Name: Tradebe Treatment and Recycling LLC
Source Address: 4343 Kennedy Avenue, East Chicago, Indiana 46312
Part 70 Permit No.: T 089-29424-00345

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- ☐ Annual Compliance Certification Letter
- ☐ Test Result (specify) _____
- ☒ Report (specify) 2015 1st Quarter Deviation Report
- ☐ Notification (specify) _____
- ☐ Affidavit (specify) _____
- ☐ Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature: 

Printed Name: Tita LaGrimas

Title/Position: Executive Vice President Regulatory Affairs

Phone: 219-397-3951 Ext: 2352

Date: 4/28/2015

Tradebe Treatment and Recycling LLC
 East Chicago, Indiana
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**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 OFFICE OF AIR QUALITY
 COMPLIANCE AND ENFORCEMENT BRANCH
 PART 70 OPERATING PERMIT
 QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: Tradebe Treatment and Recycling LLC
 Source Address: 4343 Kennedy Avenue, East Chicago, Indiana 46312
 Part 70 Permit No.: T 089-29424-00345

Months: January to March Year: 2015

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This report shall be submitted quarterly based on a calendar year. Proper notice submittal under Section B –Emergency Provisions satisfies the reporting requirements of paragraph (a) of Section C- General Reporting. Any deviation from the requirements of this permit, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. A deviation required to be reported pursuant to an applicable requirement that exists independent of the permit, shall be reported according to the schedule stated in the applicable requirement and does not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".	
<input checked="" type="checkbox"/> NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.	
<input type="checkbox"/> THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	

Tradebe Treatment and Recycling LLC
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Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	

Form Completed by: Tita LaGrimas

Title / Position: Executive Vice President Regulatory Affairs

Date: 4/28/2015

Phone: 219-397-3951 Ext:2352